



**2023 HEWT Medical/Vision Displaced  
Worker Program Monthly Rates**

Level of Coverage	Kaiser Foundation Health Plan of Wa. Options, Inc.		
	1 <sup>st</sup> 12 Months	2 <sup>nd</sup> 12 Months*	3 <sup>rd</sup> 12 Months*
Individual	\$169.94	\$361.13	\$722.26
Individual Plus One	\$310.98	\$660.83	\$1321.67
Individual Plus More Than One	\$521.72	\$1108.67	\$2217.35

Level of Coverage	Kaiser Foundation Health Plan of Wa. Options, Inc. - QHD		
	1 <sup>st</sup> 12 Months	2 <sup>nd</sup> 12 Months*	3 <sup>rd</sup> 12 Months*
Individual	\$122.11	\$259.48	\$518.97
Individual Plus One	\$223.45	\$474.83	\$949.65
Individual Plus More Than One	\$374.88	\$796.61	\$1593.22

Level of Coverage	UnitedHealthcare PPO		
	1 <sup>st</sup> 12 Months	2 <sup>nd</sup> 12 Months*	3 <sup>rd</sup> 12 Months*
Individual	\$442.58	\$ 940.48	\$1880.96
Individual Plus One	\$856.55	\$1820.17	\$3640.34
Individual Plus More Than One	\$1241.03	\$2637.19	\$5274.38

\* Rates adjust January 1 each Calendar year

**2023 HEWT Dental COBRA  
Monthly Rates**

Level of Coverage	Delta Dental Buy Up	Willamette Dental
Individual	\$ 50.29	\$ 52.22
Individual Plus One	\$100.73	\$104.65
Individual Plus More Than One	\$188.75	\$196.10

**2023 HEWT EAP  
COBRA Monthly Rates**

Level of Coverage	Employee Assistance Program
Employee	\$ 2.24

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was created by a federal law and provides continuing benefits for eligible individuals.